

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 127  
Registered No. 101

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Elpidio Escamille (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other 2 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 2, 1927 Month Day Year

**8. FATHER**  
Full name Ramondo Escamille  
9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 32 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Laborer  
Nature of industry

**14. MOTHER**  
Full maiden name pedra Cabral  
15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Moreno, Arizona  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother Five  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living Two  
(b) Born alive but now dead None  
(c) Stillborn None  
21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 1:45 p.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature T.C. Harper  
physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Globe, Arizona  
Filed 5-31-27 Dr. St. Nord  
Registrar \_\_\_\_\_

555-502-733

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.